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Revised 0609

# OWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-3701 www.iowa.gov/ethics

Reset Form

Jowa Carrie section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

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Glft, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

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Audited _	
Checked	
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	7.

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUE	ST, OR GRANT:
Mt. Pleasant Correctional Facility	
Name of Department or Office 1200 E. Washington St.	Mt. Picasant, iA 5264
Mailing Address 319-385-9511	City, State, Zip Code
Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR O	FFICE:
John Mathes	
Name Sanc	Same
Mailing Address (if different from above)	City, State, Zip (If different from above)
John, Mathes@iowa.gov	same
Email Address	Area Code & Telephone Number (If different from above)
OONOR OF GIFT, BEQUEST, OR GRANT:	
Mailing Address City, State, Zip Code	June, 2008 \$ 476.00
Area Code & Telephone Number	Date of Gift, Bequest, or Grant Amount/Value*
	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".
Email Address (optional)	
Provide a description of the gift, bequest, or grant and purpose there	eof:
For offender use.	
Criteria to use this form:	
Receipt of any giff, bequest, or grant that is received by any department	nent of the state or received by the Governor on behalf of the state.
tatement of Affirmation:  Larry Brinespor affirm that the gift, bequest, or grant rep	ported above is accurate. I further affirm that the information concerning the and true to the best of my knowledge.
onor and assessment of the fair market value (if applicable) is correct	and true to the best of my knowledge.

Mt. Pleasant Correctional Facility

Jun-08

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Amount	\$306.00 \$20.00 \$150.00	· · · · · · · · · · · · · · · · · · ·		
Reason	books fabric, yam etc books			
Address	1003 S. Marshall St., Apt 106, Boone, IA 50036 416 E Pleasant Valley, Sigourney, IA 52591			
Date Name	6/1/2008 Joanne Eide 6/26/2008 St. Mary's Church 6/30/2008 Annoymous			

476.00

Total Amount: \$

# JOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12<sup>TH</sup>, SUITE 1A DES MOINES, IA 50319

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# FORM-GBG

Gift, Bequest, or Grent information received by a department or accepted by the Governor on behalf of the state

indexed	For office use only
Audited_	
Checked	
Compute	r

Mt. Pleasant Correctional Facility					
Name of Department or Office 1200 E. Washington St.	M. Bi				
Mailing Address City State 7 in Code					
319-385-9511 Area Code & Telephone No.	The state of the s				
ONTACT PERSON FOR RECIPIENT DEPARTMENT OR	OEEICE:				
John Mathes, Superintendent	orrion.				
Name					
Same Mailing Address (if different from above)	Same				
John.Mathes@iowa.gov	Cily, State, Zip (if different from above) Same				
Ernail Address	Area Code & Telephone Number (if different from above)				
ony, oute, up out	July, 2008 \$217.00 Date of Gift, Bequest, or Grant Amount/Value*				
rea Code & Telephone Number	Date of Gift, Bequest, or Grant Amount/Value*  *value is defined as "fair market value" of item as determined by				
vea Code & Telephone Number	Date of Gift, Bequest, or Grant Amount/Value*				
rea Code & Telephone Number  mail Address (optional)	Date of Gift, Bequest, or Grant Amount/Value*  *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".				
rea Code & Telephone Number  Email Address (optional)  Provide a description of the gift, bequest, or grant and purpose the	Date of Gift, Bequest, or Grant Amount/Value*  *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".				
Area Code & Telephone Number  Email Address (optional)  Provide a description of the gift, bequest, or grant and purpose the Items for offender use.	Date of Gift, Bequest, or Grant Amount/Value*  *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".				
Area Code & Telephone Number  Email Address (optional)  Provide a description of the gift, bequest, or grant and purpose the  Items for offender use.  Criteria to use this form:	Date of Gift, Bequest, or Grant Amount/Value*  *value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".				

## St

a) is correct and true to the best of my knowledge.

Signature

8.8.08

# Mt. Pleasant Correctional Facility

Jul-08

	 			72072000	8002/2/1	755000
				National Michael	7/2/2008 Pastor Sharon Phillips	D
				922 Ridgeway Dr., Liberty, MO 64068	513 Mulberry Ave, Muscatine, IA 52761	- Tanibas
		<del></del>		books	yam	Keason
				 \$192.00	\$25.00	Amount